

COCONINO COUNTY HEALTH DEPARTMENT

Barbara Worgess
Chief Health Officer



ENVIRONMENTAL HEALTH

2500 North Fort Valley Road, Bldg.#1

Flagstaff, Az. 86001

(928)679-8750 - fax (928)679-8771

FOOD LICENSE WAIVER

(PLEASE PRINT CURRENT CONTACT INFORMATION)

NAME: _____

NAME OF ESTABLISHMENT: _____

ADDRESS OF ESTABLISHMENT: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (WK) _____ (CELL/OTHER) _____

FAX: _____ EMAIL: _____

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I have read the criteria for what a "food establishment does not include" as defined in the Coconino County Food Code, and my operation will meet the following criterion/criteria (please check all that apply). I agree to comply with all specifications and to notify Environmental Services should my operation change and no longer meet said specifications:

_____ An establishment that offers only "pre-packaged" and "non-potentially hazardous" food.

_____ A produce stand that offers ONLY whole, uncut fresh fruits and vegetables.

_____ A kitchen in a private home that prepares "non-potentially" hazardous food for a bake sale at a religious or charitable organization function.

_____ A small "bed & breakfast" operation.

_____ A small "day-care" operation exempted by rules and regulations of the Arizona Department of Health Service Licensing Division.

Signature _____ Date _____